



C O N F I D E N T I A L

OPI Case # _____

Your Case # _____

AHCCCS REFERRAL FOR PRELIMINARY INVESTIGATION (FOR PROVIDER USE)

Suspected Program Fraud or Abuse and Member Fraud: Refer to: Director, Office of Program Integrity, 801 E. Jefferson, Mail Drop 4500 Phoenix, AZ 85034 (602) 417-4045 / **FAX** (602) 417-4102, or **Toll Free** 1-800-654-8713 ext. 7-4045

SEE DEFINITIONS AND EXAMPLES OF FRAUD & ABUSE ON THE REVERSE SIDE

Referral Source

Name & Title of Referring Individual: _____

Date of Referral _____

Phone Number _____

Return Call Needed to Referring Individual __YES __NO

Referring Individual is Affiliated With: NAME _____

☐ Health Plan/Program Contractor

☐ Recipient/Recipient Family

☐ Government Agency

☐ Other (Anonymous, Citizen, etc.) _____

☐ Health Care Provider

Name of Individual actually reporting the incident, (if different that of the referring individual above):

Phone Number _____

Provider/Caregiver ~ Recipient ~ Health Plan *allegedly involved* in the Issue:

Provider/Caregiver or Health Plan/Program Contractor Information:

NAME _____ AHCCCS Provider ID # _____

Address and Phone # _____

Recipient/Member Information (if applicable and available):

NAME _____ AHCCCS ID or Social Sec. # _____

Date of Birth _____ Address and Phone # _____

NARRATIVE DESCRIPTION OF ISSUE: (Please include the **Who, What, Where, and When** of the issue).

PLEASE DO NOT USE ABBREVIATIONS

Dollar Loss to the program (if known) \$ _____

Name of Person(s) [Suspect] committing the fraud (if known) _____

(Narrative may be continued on the reverse side.)

Narrative continued:

AGENCIES NOTIFIED: ☐ APS ☐ CPS ☐ ADHS LICENSURE ☐ POLICE ☐ Other _____

Comments: _____

DEFINITIONS OF FRAUD AND ABUSE

FRAUD means an intentional deception or misrepresentation made by a person with the knowledge that the deception could result in some unauthorized benefit to himself or some other person. It includes any act that constitutes fraud under applicable Federal or State law. [42 CFR § 455.2]

ABUSE means provider practices that are inconsistent with sound fiscal, business, or medical practice, and result in an unnecessary cost to the Medicaid program, or in reimbursement for services that are not medically necessary or fail to meet professionally recognized standards for health care. It also includes recipient practices that result in unnecessary cost to the Medicaid program. [42 CFR § 455.2]

ABUSE OF A MEMBER means any intentional, knowing or reckless infliction of physical harm, injury caused by negligent acts or omissions, unreasonable confinement, emotional or sexual abuse, or sexual assault. [ARS § § 46-451;13-3623] **REPORT MEMBER ABUSE TO: AHCCCS/DHCM-CQM, 701 E. JEFFERSON, MD-6500, Phoenix, AZ 85034**

EXAMPLES OF FRAUD AND ABUSE

Falsifying Claims/Encounters

Alteration of a Claim
Upcoding
Incorrect Coding
Double Billing
Unbundling
Billing for Services/Supplies Not Provided
Misrepresentation of Services/Supplies
Substitution of Services
Submission of Any False Documents

Administrative / Financial

Kickbacks/Stark Violations
Fraudulent Credentials
Fraudulent Enrollment Practices
Fraudulent Recoupment Practices
Embezzlement

Delivery of Services

Denying Access to Services/Benefits
Limiting Access to Services/Benefits
Failure to Refer to a Needed Specialist
Underutilization
Overutilization

Abuse of a Member

Physical Abuse
Neglect
Mental Abuse
Emotional Abuse
Sexual Abuse
Discrimination
Providing Substandard Care
Financial Exploitation

Member Fraud

Eligibility Determination Issues:
Resource Misrepresentation (Transfer/Hiding)
Residency
Household Composition
Income
Citizenship Status
Misrepresentation of Medical Condition

Please note, the above lists only a few examples of potential fraud and abuse scenarios.

Revised: 10/10/03